**Conference Application Form**

**Wednesday 31st October 2018 Mosaic Reform Synagogue**

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| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| E-mail address |  |
| Telephone/Mobile |  |
| Organisation/Group |  |

I would like to apply for a Blue Badge holder parking space (available only if space permits) 🞎 (PLEASE ✓)

|  |
| --- |
| Please tell us about **any** particular dietary requirements (allergies, vegetarian/vegan, religious etc.) |

**Conference fee**

**Early Bird booking** **before 31st August**

**£65.00** (£40.00 Special rate for Bereavement Care Corporate / Individual members)

**Standard Booking** from 1st September

**£75.00** (£50.00 Special rate for Bereavement Care Corporate / Individual members)

**Student rate (on application)**

**Payment details**

**Full payment should accompany all bookings.** You can make payment by bank transfer or cheque.

 I am paying £\_\_\_\_\_\_\_\_\_ by bank transfer to: **Bereavement Care**
Account No: **42281287**  Sort code: **40-23-13** Reference: **Conference**

**OR**

 I enclose a cheque for £\_\_\_\_\_\_\_\_\_\_ made payable to **Bereavement Care**

*If you are paying for several delegates with one cheque or bank transfer, please send us a list of their names, and the name of your organisation.*

Please return your application form as soon as possible to:

**Conference Bookings, Bereavement Care, The Lodge, 64 Pinner Road, Harrow HA1 4HZ**

or e-mail to: **admin@bereavementcareandsupport.co.uk**

**Your privacy is important to us and we would like to communicate with you about our charity, the work we do, our training, activities and our Annual Conference. To do so we need your consent. Please confirm your consent by ticking the box below and adding your signature.**

**You can find out more about how we use your personal data by reading our privacy notice which you can find on our web-site:** [**www.bereavementcareandsupport.co.uk/policies-procedures**](http://www.bereavementcareandsupport.co.uk/policies-procedures)(also available from our Office on request).

*I agree to Bereavement Care contacting me about the Annual Conferences, Training Courses, Workshops and other activities in which I may be interested. I am aware that occasionally names and photographs may appear in newsletters, bulletins or on the Bereavement Care web-site. I know that I can withdraw or change my consent at any time by contacting the Bereavement Care Office.*

**✓ in this box to OPT IN**

🞎 Please notify me of future events, including the Annual Conference.

 (Signature)

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